

US DEPARTMENT OF AGRICULTURE - FOOD AND CONSUMER SERVICES

WORKSHEET FOR FOOD & NUTRITION SERVICES PROGRAM QUALITY CONTROL REVIEWS

PRIVACY ACT NOTICE: This report is required under provisions of 7 CFR 275.14 (Food Stamp Program). This information is needed for the review of State performance in determining recipient eligibility. The information is used to determine State compliance and failure to report may result in a finding of non-compliance.

OMB STATEMENT: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0074. The time required to complete this collection is estimated to average 8.9 hours per response, including the time to review instructions, search existing data sources, and gather the data needed, and complete and review the information collection.

A. IDENTIFYING INFORMATION			B. PERSONS LIVING IN THE HOME						
1. LOCAL AGENCY: LAC:			NAME AND EDUCATIONAL LEVEL		BIRTH DATE	AGE	RELATIONSHIP OR SIGNIFICANCE	SOCIAL SECURITY NUMBER	FNS RECIP?
2. CASE NAME:			1						
3. ADDRESS:			2						
			3						
			4						
4. PHONE NUMBER:			5						
5. DIRECTIONS TO LOCATE:			6						
			7						
6. CASE ID NUMBER:			8						
6a. COUNTY CASE NUMBER			9						
7. REVIEW NUMBER			10						
8. REVIEW DATE			C. SIGNIFICANT PERSONS NOT LIVING IN THE HOME						
9. <u>MOST RECENT ACTION (Field 21)</u> a. Date: (date of app.:) b. Type:			NAME	RELATIONSHIP OR SIGNIFICANCE	SOCIAL SECURITY NUMBER	ADDRESS	PHONE NUMBER	FINAN. SUPP.?	
10. CERTIFICATION PERIOD			11						
11. PART. DURING SAMPLE MONTH			12						
12. REC'D EXPEDITED SERVICE in QCRM?			13						
13. CATEGORICALLY ELIGIBLE HH									
14. REVIEWER			D. REVIEW FINDINGS						
15. DATE ASSIGNED			TOTAL (allotment + claim amount)						
16. DATE OF CASE READING			ALLOTMENT \$ _____ RECOUPMENT \$ _____ PRORATED? _____						
17. DATE OF QC INTERVIEW			<input type="checkbox"/> AMOUNT CORRECT <input type="checkbox"/> OVERISSUANCE <input type="checkbox"/> DROPPED						
18. DATE COMPLETED			<input type="checkbox"/> UNDERISSUANCE <input type="checkbox"/> INELIGIBLE AMOUNT IN ERROR \$ _____						
19. SUPERVISOR			Pat Moore						
20. DATE CLEARED BY									

STATE REVIEWER'S COLLATERAL CONTACTS (CC's):

QC REVIEW No. _____

Name	Relationship/Title	Address	Telephone No.	Date	Type of Contact	Att. / Ele. No.
14.						
15.						
16.						
17.						
18.						

QC CASE RECORD INFORMATION				WORKSHEET AND ATTACHMENTS GUIDE:	
Last Face to Face Interview Date:				1. Column 2 - County case record facts.	
MRA Type (Field 21)		Yes	No	2. Column 3 - Client statements & QC verifications as of QC Review Date.	
Application? (Field 21 – code 1)				3. Continuation sheets contain County (Col. 2) and QC documentation of verifications, statements of facts and actions (Col. 3).	
Recertification? (Field 21 – code 2)					
Agency Reporting Type – (Field 29)		Yes	No	ATTACHMENTS:	
Standard Recertification (code 3)?				1. Copies of County documents located behind the appropriate Element (Att. Element # -A).	
Simplified Recertification (code 3)?				2. QC documents located behind the appropriate Element (Att. Element # -B).	
Semi – Annual Recertification (code 6)?				<i>Note: If there are no county documents for that Element, the 'B' will not be added.</i>	
Transitional (code 9)?				3. Att. 1 - 8590's (including SLTR screen – verification of Field 68 coding).	
SNAP (code 10)?				4. Att. 2 - County MRA info and County documents used to justify info in Field 68 (I.e. application that is not the MRA, but was taken in the current FFY).	
Was the correct reporting type used?				5. Att. 3 - TANF (Work First) record information.	
If 'No', list correct type here:				6. QC documents (appointment notice, clearance form, Case Report, etc.) located last in the record.	
Application Timeliness – (Field 68)		Yes	No	Timeliness Coding (Field 68)	
Application taken in current FFY? If Yes, date of application is:				1 – Timely 2 – Not timely	
Application - Processed within 30 Days?				3 – Other (Recert; Application not taken in current FFY; Regulatory delay; or unable to make a determination)	
Expedite FNS - Processed within 7 Days?					
Did the County verify identity? ____ Yes ____ No If yes, Method of ID verification:					
QC's Method of ID verification:					

Legend

AU	Assistance Unit	CR	Case Record	FNSU	FNS Unit	TFNS	Transitional FNS
BC	Birth Certificate	CRC	Case Record Copy	HH	Household	NCID	North Carolina Identification Card
BUA	Basic Utility Allow.	C/S	Client Statement	LL	Landlord	NCDL	North Carolina Driver's License
CC	Collateral Contact	FNS	Food & Nutrition Services	N/L	Not/None Listed	SR	State Reviewer / Semi-annual Recert
CE	Categorically Eligible			QCRM	QC Review Month	SUA	Standard Utility Allowance
SNAP	Simplified Nutritional Assistance Program			T/C	Telephone Call	TUA	Telephone Utility Allowance
Results (Column 4) = 1, 2, or 3:				1 = Correct Case		2 = Agency Error	
						3 = Client Error	

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION	QC ANALYSIS OF CASE RECORD (Pertinent facts, sources of verifications, reliability, gaps of deficiencies)	FINDINGS OF FIELD INVESTIGATION (Facts obtained, verification and substantiation, nature of errors)	RESULTS
(1)	(2)	(3)	(4)
110 AGE	See face sheet for ages of members of the HH	Does age affect eligibility or allotment? ____Yes ____No See Att _____ or CC # _____ See continuation page_____	1 ____ 2 ____ 3 ____
111 STUDENT STATUS	HH member 18 or over attending an Institution of Higher Learning? ____Yes ____No If yes, is the student required to meet the student eligibility criteria? ____Yes ____No If yes, does the student meet the student eligibility criteria? ____Yes ____No	Is anyone in the HH (ages 18 – 49) enrolled in an Institution of Higher Learning? ____Yes ____No If yes, is the student required to meet the student eligibility criteria? ____Yes ____No If yes, does the student meet the student eligibility criteria? ____Yes ____No See Att _____ or CC # _____ See continuation page_____	1 ____ 2 ____ 3 ____
130 CITIZENSHIP AND NON-CITIZEN STATUS	Is a non-citizen included in the AU? ____Yes ____No If yes, was SAVE verification completed? ____Yes ____No If yes, date completed: _____ Other County basis of eligibility:_____	Is the citizenship of any HH member questionable? ____Yes ____No Is a non-citizen included in the AU? ____Yes ____No See Att _____ or CC # _____ See continuation page _____	1 ____ 2 ____ 3 ____
140 RESIDENCY	Residence: _____ _____ _____ Mailing: _____ _____ _____ Has HH reported change of address in CP? ____Yes ____No County verified residence by: _____	HH Residence: See Page 1 of the Worksheet. Verified by: _____ or See Att _____ or CC # _____ See continuation page _____	1 ____ 2 ____ 3 ____

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION	QC ANALYSIS OF CASE RECORD (Pertinent facts, sources of verifications, reliability, gaps of deficiencies)	FINDINGS OF FIELD INVESTIGATION (Facts obtained, verification and substantiation, nature of errors)	RESULTS
(1)	(2)	(3)	(4)
150 HOUSEHOLD COMPOSITION	HH Size_____ (see page 1) Separate HH status? ___Yes ___No Disqualified member? ___Yes ___No <i>(i.e. Disqualified for a Felony Drug Conviction; Misrepresenting Identity and Residence; or Transferring a resource.)</i>	HH Size_____ (see page 1) Is the HH eligible for separate status? ___Yes ___No Was a HH member included in or excluded from the AU that should not have been? ___Yes ___No If yes, member(s) # _____ Verified by: _____ or See Att _____ or CC # _____ See continuation page _____	1 ___ 2 ___ 3 ___
151 RECIPIENT DISQUALIFI- CATION	Disqualified (IPV) HH member? ___Yes ___No	HH member disqualified (IPV)? ___Yes ___No Was a HH member that should have been disqualified included in the AU? ___Yes ___No See Att _____ or CC # _____ See continuation page _____	1 ___ 2 ___ 3 ___
160 EMPLOYMENT &- TRAINING ____ E&T ____ Workfare ____ Exempt	<p style="text-align: center;">WORK REQUIREMENTS</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> HH members who were: Required to register/participate # _____ Exempt # _____ Disqualified # _____ Sanctioned # _____ If required to register, was NCSES-2624 completed & sent to ESC? ___Yes ___No Was anyone disqualified for failure to comply without good cause? ___Yes ___No </div> <div style="width: 45%;"> HH members who were: Required to register/participate # _____ Exempt # _____ Disqualified # _____ Sanctioned # _____ See Att _____ or CC # _____ See continuation page _____ </div> </div>		1 ___ 2 ___ 3 ___

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION	QC ANALYSIS OF CASE RECORD (Pertinent facts, sources of verifications, reliability, gaps of deficiencies)	FINDINGS OF FIELD INVESTIGATION (Facts obtained, verification and substantiation, nature of errors)	RESULTS
(1)	(2)	(3)	(4)
161 TIME LIMITED PARTICIPATION	Is this County exempt from ABAWD? ___Yes ___No Does CR show HH member subject to <i>ABAWD</i> requirements? ___Yes ___No If yes, CR identified first 3 mo. of participation as: _____ thru _____ CR shows HH member eligible for bonus mo.? ___ If yes, Bonus Months are: _____ NC's current 36 mo. period is: 1/06 – 12/08	Is this County exempt from ABAWD? ___Yes ___No Is any HH member subject to <i>ABAWD</i> requirements? ___Yes ___No If No, ✓ all that applies: Exempt because of age _____ Exempt from the Work Requirement _____ Exempt because there is a child < age 18 in the home _____. If yes, member(s) # _____ First 3 month participation period verified as: _____ thru _____ HH member eligible for bonus months? ___Yes ___No If yes, Bonus Months are : _____ Was a HH member subject to <i>ABAWD</i> included in or excluded from the AU that should not have been? ___Yes ___No See Att _____ or CC # _____ See continuation page _____	1 ___ 2 ___ 3 ___
162 WORK REGISTRATION	Work registration for HH members: <i>Enter the member number(s), then the reason code</i> # _____ Reason _____ # _____ Reason _____ # _____ Reason _____ # _____ Reason _____ HH member disqualified for failure to comply? ___Yes ___No	Work registration for HH members: <i>Enter the member number(s), then the reason (DSS-8590) code</i> # _____ Reason _____ # _____ Reason _____ # _____ Reason _____ # _____ Reason _____ Was a HH member disqualified for failure/refusal to comply without good cause? ___Yes ___No See Att _____ or CC # _____ See continuation page _____	1 ___ 2 ___ 3 ___
163 VOLUNTARY QUIT/ REDUCING WORK EFFORT	HH member disqualified for VQ or reducing the Work effort? ___Yes ___No	Member voluntarily quit/reduced work effort without good cause? ___Yes ___No If yes, time period when quit occurred: _____ See Att _____ or CC # _____ See continuation page _____	1 ___ 2 ___ 3 ___

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(1)	(2)	(3)	(4)
164 WORKFARE AND COMPARABLE WORKFARE	Does this County have Workfare? ___Yes ___No If yes, did a HH member fail or refuse to comply with <i>Workfare</i> requirement without good cause? ___Yes ___No	Does this County have Workfare? ___Yes ___No If yes, is a HH member disqualified for failure/refusal to comply without good cause? ___Yes ___No Was a HH member included in or excluded from the AU that should not have been? ___Yes ___No See Att _____ or CC # _____ See continuation page _____	1 ___ 2 ___ 3 ___
165 EMPLOYMENT STATUS/ JOB AVAILABILITY	HH member failed/refused to provide information about their employment status/job availability without good cause? ___Yes ___No If yes, does CR show member as disqualified? ___Yes ___No	HH member failed/refused to comply without good cause? ___Yes ___No Was HH member disqualified for failure / refusal to comply? ___Yes ___No Was a HH member that should have been included in or excluded from the AU that should not have been? ___Yes ___No See Att _____ or CC # _____ See continuation page _____	1 ___ 2 ___ 3 ___
166 ACCEPTANCE OF EMPLOYMENT	HH member refused to accept a bona fide offer of employment without good cause? ___Yes ___No CR shows HH member disqualified? ___Yes ___No	HH member failed/refused to accept a bona fide offer of employment without good cause? ___Yes ___No Was HH member disqualified for non-compliance? ___Yes ___No Was a HH member included in or excluded from the AU that should not have been? ___Yes ___No See Att _____ or CC # _____ See continuation page _____	1 ___ 2 ___ 3 ___

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(1)	(2)	(3)	(4)
170 SOCIAL SECURITY NUMBER	Social Security Number listed for all HH members? ___Yes ___No HH member failed/refused to furnish SSN without good cause? ___Yes ___No HH member excluded for failure to provide SSN? ___Yes ___No	Social Security Number listed for all HH members? ___Yes ___No HH member failed/refused without good cause to furnish an SSN? ___Yes ___No Was any HH member disqualified for failure/refusal to supply an SSN without good cause? ___Yes ___No See Att _____ or CC # _____ See continuation page _____	1 ___ 2 ___ 3 ___
LIQUID RESOURCES 211 BANK ACCTS OR CASH ON HAND	<div style="text-align: center;">RESOURCES (200)</div> CATEGORICALLY ELIGIBLE HH? ___Yes ___No Liquid resources? ___Yes ___No. If yes continue. Cash on hand \$ _____ Bank Accounts: Checking \$ _____ Savings \$ _____ Joint** \$ _____ Cert. of Deposit \$ _____ Stocks/Bonds \$ _____ Mutual Funds \$ _____ IRA/Trust Funds \$ _____ Other (specify): _____ \$ _____ Total \$ _____ **Name of joint owner: _____	WAS THIS AU CATEGORICALLY ELIGIBLE AORM? ___Yes ___No Liquid resources in the QCRM? ___Yes ___No. If yes: Cash on hand \$ _____ Bank Accounts: Checking? \$ _____ Savings? \$ _____ Joint** \$ _____ Cert. of Deposit? \$ _____ Stocks/Bonds? \$ _____ Mutual Funds? \$ _____ IRA/Trust Funds? \$ _____ Other (specify): _____ \$ _____ Total \$ _____ QCRD Total \$ _____ (30+ days prior to QCRD or at MRA for SR cases) **Name of joint owner: _____ Does HH member receive interest income from any of the above? ___Yes ___No If yes, enter information In Element 346. Verified by: _____ or See Att _____ or CC # _____ See continuation page _____	1 ___ 2 ___ 3 ___

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(1)	(2)	(3)	(4)
212 LUMP-SUM PAYMENTS	Lump-sum payments? ___Yes ___No If yes, source: _____ Amount: \$ _____	Lump-sum payments in the QCRM? ___Yes ___No If yes, continue. Income Tax Refund \$ _____ Social Security \$ _____ TANF / Benefit Diversion \$ _____ Insurance Settlements \$ _____ Refund of Deposits \$ _____ Other (specify) _____ \$ _____ Total \$ _____ See Att _____ or CC # _____ See continuation page _____	1 ___ 2 ___ 3 ___
213 OTHER LIQUID ASSETS	Any other liquid assets? ___Yes ___No	Any other liquid assets? ___Yes ___No See Att _____ or CC # _____ See continuation page _____	1 ___ 2 ___ 3 ___
221 REAL PROPERTY	<p style="text-align: center;">N/A</p> <p><i>All Real Property is excluded as is with the TANF Program.</i></p>	<p style="text-align: center;">N/A</p> <p><i>All Real Property is excluded as is with the TANF Program.</i></p>	1 ___ 2 ___ 3 ___

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222 VEHICLES	Vehicles listed? ___Yes ___No Value counted in resources? ___Yes ___No If yes, amount counted = \$ _____	HH members own vehicles? ___Yes ___No NOTE: Equity Value is only applicable to Reason Codes #3 & #8 below.	1 ___																														
		<table border="1"> <thead> <tr> <th data-bbox="957 337 1266 410">Vehicle</th> <th data-bbox="1266 337 1388 410">Equity Value</th> <th data-bbox="1388 337 1556 410">Excluded?</th> <th data-bbox="1556 337 1791 410">Reason # (see below)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Vehicle	Equity Value	Excluded?	Reason # (see below)																											
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<table border="1"> <thead> <tr> <th data-bbox="957 678 1100 751">Reason Code</th> <th data-bbox="1100 678 1791 751">Reason for Exclusion and Code entered in 32(a) / 32(b)</th> </tr> </thead> <tbody> <tr> <td data-bbox="957 751 1100 963"> 2 _____ _____ _____ _____ _____ </td> <td data-bbox="1100 751 1791 963"> <u>Insert a ✓ next to the one(s) that apply:</u> Income Producing Vehicle Vehicle is used as a home Vehicle is used to transport a physically disabled person Vehicle is used for long distance travel to employment Vehicle is used to carry the AU's main source of water or heating fuel for home use. </td> </tr> <tr> <td data-bbox="957 963 1100 995">3</td> <td data-bbox="1100 963 1791 995">Equity Value is less than or equal to \$1,500</td> </tr> <tr> <td data-bbox="957 995 1100 1027">4</td> <td data-bbox="1100 995 1791 1027">Categorically Eligible Household</td> </tr> <tr> <td data-bbox="957 1027 1100 1060">5</td> <td data-bbox="1100 1027 1791 1060">One motor vehicle per adult (TANF standard)</td> </tr> <tr> <td data-bbox="957 1060 1100 1092">1</td> <td data-bbox="1100 1060 1791 1092">No vehicles</td> </tr> <tr> <td data-bbox="957 1092 1100 1125">8</td> <td data-bbox="1100 1092 1791 1125">Equity value of a vehicle that is not excluded.</td> </tr> <tr> <td colspan="2" data-bbox="957 1125 1791 1295" rowspan="4"> Total amount counted towards the resource limit = \$ _____ See Att _____ or CC # _____ See continuation page _____ </td><td colspan="2" data-bbox="1791 1125 1971 1295"></td></tr> <tr> <td data-bbox="957 1304 1791 1360"> Does this HH own any other non-liquid assets? ___Yes ___No </td> <td data-bbox="1791 1304 1971 1360"> 1 ___ </td> </tr> <tr> <td data-bbox="957 1360 1791 1417"> If yes, Total amount counted towards the resource limit = \$ _____ </td> <td data-bbox="1791 1360 1971 1417"> 2 ___ </td> </tr> <tr> <td data-bbox="957 1417 1791 1490"> See Att _____ or CC # _____ See continuation page _____ </td> <td data-bbox="1791 1417 1971 1490"> 3 ___ </td> </tr> </tbody> </table>	Reason Code	Reason for Exclusion and Code entered in 32(a) / 32(b)	2 _____ _____ _____ _____ _____	<u>Insert a ✓ next to the one(s) that apply:</u> Income Producing Vehicle Vehicle is used as a home Vehicle is used to transport a physically disabled person Vehicle is used for long distance travel to employment Vehicle is used to carry the AU's main source of water or heating fuel for home use.	3	Equity Value is less than or equal to \$1,500	4	Categorically Eligible Household	5	One motor vehicle per adult (TANF standard)	1	No vehicles	8	Equity value of a vehicle that is not excluded.	Total amount counted towards the resource limit = \$ _____ See Att _____ or CC # _____ See continuation page _____				Does this HH own any other non-liquid assets? ___Yes ___No	1 ___	If yes, Total amount counted towards the resource limit = \$ _____	2 ___	See Att _____ or CC # _____ See continuation page _____	3 ___									
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225 COMBINED RESOURCES	Total resources: \$ _____ Maximum limit: _____ \$2000 _____ \$3000 _____ Categorically Eligible	Total Resources: \$ _____ Maximum limit: _____ \$2000 _____ \$3000 _____ Categorically Eligible SR accepts client's negative statements based on observation of client, collateral statements, and no evidence to the contrary. See Att _____ or CC # _____ See continuation page _____	1 ____ 2 ____ 3 ____																				
EARNED INCOME 311 WAGES & SALARIES	<p style="text-align: center;">INCOME (300)</p> Earned Income shown? ____Yes ____No Base period used: _____ <table border="0"> <tr> <td><u>HH member #</u></td> <td><u>Total Gross Pay</u></td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> </table> CR shows employment ended? ____Yes ____No If yes, Date of termination _____ Do voluntary quit provisions apply? ____Yes ____No	<u>HH member #</u>	<u>Total Gross Pay</u>	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	Earned Income? ____Yes ____No <table border="0"> <tr> <td><u>HH member #</u></td> <td><u>Total Gross Pay</u></td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> </table> Has there been a recent employment termination for a HH member? ____Yes ____No If yes, date of termination: _____ If yes, do voluntary quit provisions apply? ____Yes ____No Verified by _____ or See Att _____ or CC # _____ See continuation page _____	<u>HH member #</u>	<u>Total Gross Pay</u>	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	1 ____ 2 ____ 3 ____
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(1)	(2)	(3)	(4)
312 SELF- EMPLOYMENT	Self-employment? ___ Yes ___ No Base period used: _____ Gross income: \$ _____	Self-employment income in RM? ___ Yes ___ No <i>If yes, continue.</i> <u>Source</u> <u>Amount</u> Farming \$ _____ Rental Property \$ _____ Roomer/boarder payments \$ _____ Independent contracting \$ _____ Other (specify) _____ \$ _____ _____ \$ _____ Business related expenses? ___ Yes ___ No If yes, amount \$ _____ See Att _____ or CC # _____ See continuation page _____	1 _____ 2 _____ 3 _____
314 OTHER EARNED INCOME	Other earned income? ___ Yes ___ No If yes, list source / type: _____ Base period used: _____ Gross income: \$ _____	Other earned income in QCRM? ___ Yes ___ No <i>If yes, continue.</i> <u>Source</u> <u>Amount</u> Paper route \$ _____ Running errands \$ _____ Yard work \$ _____ Baby sitting \$ _____ Odd jobs \$ _____ Other (specify) _____ \$ _____ _____ \$ _____ Business related expenses? ___ Yes ___ No If yes, amount \$ _____ Verified by _____ or See Att _____ or CC # _____ See continuation page _____	1 _____ 2 _____ 3 _____

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION	QC ANALYSIS OF CASE RECORD (Pertinent facts, sources of verifications, reliability, gaps of deficiencies)	FINDINGS OF FIELD INVESTIGATION (Facts obtained, verification and substantiation, nature of errors)	RESULTS								
(1)	(2)	(3)	(4)								
321 EARNED-INCOME DEDUCTIONS	Earned income deductions? ____ Yes ____ No Att. 1 (DSS – 8590)	SR ver. Earned Income Deduction as \$_____ (<i>EID = Gross income x 20%</i>)	1 ____ 2 ____ 3 ____								
323 DEPENDENT CARE DEDUCTIONS	Dependent care deduction shown? ____ Yes ____ No Amount \$_____ If yes, Provider: _____ Client's cost per child: _____ Applicable to children under age 18 and to disabled persons. Maximum deduction: Under age 2 = \$200 Age 2 and over = \$175	Is the AU entitled to this deduction? ____ Yes ____ No Entitlement based on: _____ (<i>Enter Reason # from below.</i>) <table border="1"> <thead> <tr> <th>REASON #</th> <th>REASON DEPENDENT CARE IS NEEDED</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>To accept, continue, or look for employment</td> </tr> <tr> <td>2</td> <td>To attend training</td> </tr> <tr> <td>3</td> <td>To attend school to prepare for employment</td> </tr> </tbody> </table> Did C/S there are dependent care expenses? ____ Yes ____ No If yes, amount is \$_____ If no, C/S does not incur an expense because _____ (<i>Reason for no expense when AU is entitled to the deduction.</i>) Was a HH member entitled to but did not receive this deduction? ____ Yes ____ No If yes, does it cause a variance in this Element? ____ Yes ____ No Verified by _____ or See Att _____ or CC # _____ See continuation page _____	REASON #	REASON DEPENDENT CARE IS NEEDED	1	To accept, continue, or look for employment	2	To attend training	3	To attend school to prepare for employment	1 ____ 2 ____ 3 ____
REASON #	REASON DEPENDENT CARE IS NEEDED										
1	To accept, continue, or look for employment										
2	To attend training										
3	To attend school to prepare for employment										
UNEARNED INCOME 331 RSDI BENEFITS	RSDI benefits? ____ Yes ____ No HH Member # _____ Gross \$ _____ \$ _____ Net \$ _____ \$ _____ (<i>Enter net, if different from the gross amount</i>)	RSDI benefits? ____ Yes ____ No If yes, continue. HH Member # _____ Gross \$ _____ \$ _____ Net \$ _____ \$ _____ (<i>Enter net, if different from the gross amount</i>) RSDI recipient also receives SSI? ____ Yes ____ No If yes, does total RSDI + SSI = maximum? ____ Yes ____ No See Att _____ or CC # _____ See continuation page _____	1 ____ 2 ____ 3 ____								

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION	QC ANALYSIS OF CASE RECORD (Pertinent facts, sources of verifications, reliability, gaps of deficiencies)	FINDINGS OF FIELD INVESTIGATION (Facts obtained, verification and substantiation, nature of errors)	RESULTS
(1)	(2)	(3)	(4)
332 VETERANS BENEFITS	Veterans Benefits? ____Yes ____No Who receives? _____ Gross - \$ _____ Net - \$ _____ (if different from gross)	Veterans Benefits? ____Yes ____No Who receives? _____ Gross - \$ _____ Net - \$ _____ (if different from gross) Verified by _____ or See Att _____ or CC # _____ See continuation page _____	1 ____ 2 ____ 3 ____
333 SSI	SSI recipient? ____Yes ____No Is this a SNAP case? ____Yes ____No HH member # _____ Gross - \$ _____ Net - \$ _____ (if different from gross) HH member # _____ Gross - \$ _____ Net - \$ _____ (if different from gross) <i>SNAP cases in North Carolina:</i> <i>One person AU's;</i> <i>Individual is separate from others in the home;</i> <i>Individual receives SSI and is age 65 or older;</i> <i>&</i> <i>Individual is not living in an institution.</i> <i>Living Arrangement Code 'A' by SSA.</i>	SSI recipient? ____Yes ____No Is this a SNAP case? ____Yes ____No HH member # _____ Gross - \$ _____ \$ _____ Net - \$ _____ \$ _____ (if different from gross) See Att _____ or CC # _____ See continuation page _____	1 ____ 2 ____ 3 ____
334 UNEMPLOYMENT COMPENSATION	UIB recipients? ____Yes ____No If yes, who receives: _____ If yes, amount received is \$ _____	UIB received? ____Yes ____No HH member # _____ Gross - \$ _____ \$ _____ Net - \$ _____ \$ _____ (if different from gross) See Att _____ or CC # _____ See continuation page _____	1 ____ 2 ____ 3 ____

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION	QC ANALYSIS OF CASE RECORD (Pertinent facts, sources of verifications, reliability, gaps of deficiencies)	FINDINGS OF FIELD INVESTIGATION (Facts obtained, verification and substantiation, nature of errors)	RESULTS
(1)	(2)	(3)	(4)
335 WORKER'S COMPENSATION	Workers Compensation? ____ Yes ____ No Who receives? _____ Amount = \$ _____	Workers Compensation? ____ Yes ____ No Who receives? _____ Amount = \$ _____ Verified by _____ or See Att _____ or CC # _____ See continuation page _____	1 ____ 2 ____ 3 ____
336 OTHER GOVERNMENT BENEFITS	Other government benefits? ____ Yes ____ No Who receives? _____ Type? _____ Amount? \$ _____	Other Government Benefits? ____ Yes ____ No (if yes, continue.) Black Lung Benefits? \$ _____ Railroad Benefits? \$ _____ Retirement: Federal? \$ _____ State? \$ _____ Local? \$ _____ Private Sector? \$ _____ Refugee Assistance? \$ _____ Special Assistance? \$ _____ (SAD or SCD) Other? (Specify) _____ \$ _____ Verified by _____ or See Att _____ or CC # _____ See continuation page _____	1 ____ 2 ____ 3 ____
342 CONTRIBUTIONS	Contributions? ____ Yes ____ No Who receives? _____ Amount? \$ _____ Base period: _____	Contributions? ____ Yes ____ No (if yes, continue.) Who receives? _____ Cash Income \$ _____ Alimony Support \$ _____ Relatives/ Friends \$ _____ Work Release \$ _____ Military Allotments \$ _____ Other (specify) _____ \$ _____ Total \$ _____ Verified by _____ or See Att _____ or CC # _____ See continuation page _____	1 ____ 2 ____ 3 ____

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION	QC ANALYSIS OF CASE RECORD (Pertinent facts, sources of verifications, reliability, gaps of deficiencies)	FINDINGS OF FIELD INVESTIGATION (Facts obtained, verification and substantiation, nature of errors)	RESULTS
(1)	(2)	(3)	(4)
343 DEEMED INCOME	Deemed income from a sponsor? ___Yes ___No If yes, then the Amount deemed is \$_____	Is a non-citizen present in the HH? ___Yes ___No If yes, is there a sponsor? ___Yes ___No If there is a sponsor, is there deemed income? ___Yes ___No If yes, the amount deemed is \$_____ See Att _____ or CC # _____ See continuation page _____	1 ___ 2 ___ 3 ___
344 TANF, PA or GA	Work First Cash Assistance? ___Yes ___No \$_____ Work First Services? ___Yes ___No Note: <i>If at least one HH member receives WF Cash or Services, then the AU may be categorically eligible.</i> GA? ___Yes ___No If yes, \$_____ Indian Reservation County on a reservation? ___Yes ___No Work First \$_____ GA \$_____	HH member receives TANF Cash or Services? ___Yes ___No HH member(s) included: #_____ Amount - \$_____ Was the payment reduced / terminated by a sanction? ___Yes ___No GA received? ___Yes ___No If yes, \$_____ Indian Reservation HH member receives PA or GA (on an Indian reservation)? ___Yes ___No Work First \$_____ GA \$_____ See Att _____ or CC # _____ See continuation page _____	1 ___ 2 ___ 3 ___
345 EDUCATIONAL GRANTS/ SCHOLARSHIPS/ LOANS	Educational Scholarships? ___Yes ___No Who receives? _____ \$_____ Note: <i>Exclude all Educational Assistance except for athletic scholarships and scholarships offered by a civic group or by an Educational Institution.</i>	HH member receives an athletic scholarship or an Educational Scholarship offered by a civic group or by an Educational Institution? ___Yes ___No If yes, who receives? _____ Countable Income \$_____ Educational Expenses - \$_____ Total Countable Income = \$_____ Verified by _____ or See Att _____ or CC # _____ See continuation page _____	1 ___ 2 ___ 3 ___

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION	QC ANALYSIS OF CASE RECORD (Pertinent facts, sources of verifications, reliability, gaps of deficiencies)	FINDINGS OF FIELD INVESTIGATION (Facts obtained, verification and substantiation, nature of errors)	RESULTS
(1)	(2)	(3)	(4)
346 OTHER UNEARNED INCOME	Other unearned income? ____Yes ____No Who receives? _____ Type? _____ Amount? \$_____	Other unearned income? ____Yes ____No If yes, continue. Who receives? _____ Foster Care payments? \$ _____ Dividends/Interest? \$ _____ Rental Income? \$ _____ Union Benefits? \$ _____ HUD Asst. payments? \$ _____ Other? (specify) _____ \$ _____ Verified by _____ or See Att _____ or CC # _____ See continuation page _____	1 ____ 2 ____ 3 ____
350 CHILD SUPPORT PAYMENTS RECEIVED FROM ABSENT PARENT	Direct support received? ____Yes ____No Amount? \$ _____ Base period: _____ IV-D support received? ____Yes ____ No Amount? \$ _____ Base period: _____	Child support received? ____Yes ____No If yes, received from: <u>Absent parent for:</u> Total Amount Received HH mem. # _____ \$ _____ HH mem. # _____ \$ _____ HH mem. # _____ \$ _____ Verified by _____ or See Att _____ or CC # _____ See continuation page _____	1 ____ 2 ____ 3 ____
OTHER DEDUCTIONS 361 STANDARD DEDUCTION	DSS-8590 shows: \$ _____ Att. 1 (DSS – 8590)	QCRM: \$ _____ See Att _____ or CC # _____ See continuation page _____	1 ____ 2 ____ 3 ____

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION	QC ANALYSIS OF CASE RECORD (Pertinent facts, sources of verifications, reliability, gaps of deficiencies)	FINDINGS OF FIELD INVESTIGATION (Facts obtained, verification and substantiation, nature of errors)	RESULTS
(1)	(2)	(3)	(4)
363 SHELTER DEDUCTION	Shelter deductions? ____Yes ____No If yes, continue.	Shelter expenses in the QCRM? ____Yes ____No If yes, enter the amounts below.	1 ____
	Rent/Mortgage \$_____	Rent/Mortgage \$_____	2 ____
	Taxes \$_____	Taxes \$_____	3 ____
	Insurance \$_____	Insurance \$_____	
	Lot Rent/Mortgage \$_____	Lot Rent/Mortgage \$_____	
	Other (specify) _____ \$_____	Other (specify) _____ \$_____	
	Does the mortgage include taxes and insurance? ____Yes ____No	Does the mortgage include taxes and insurance? ____Yes ____No	
	Does anyone pay any expenses for the HH? ____Yes ____No	Does anyone pay any expenses for the HH? ____Yes ____No	
	If yes, Who pays: _____ Amount Paid \$_____	If yes, Who pays: _____ Amount Paid \$_____	
	Is this a vendor payment? ____Yes ____No	Is this a vendor payment? ____Yes ____No	
If no, see Element 342	If no, was contribution income counted? ____Yes ____No See Element 342		
	Do separate HH's exist? ____Yes ____No		
	If yes, are pass through payments involved? ____Yes ____No		
	Verified by _____ or See Att _____ or CC # _____ See continuation page _____		
SNAP Cases:			
Allotment Amount	If Monthly Rent / Mortgage Total (including lot rent/mortgage)		
\$38	*\$41	\$149 or lower	
\$62	*\$65	\$150 or higher	
* Amounts increased effective 10/01/07.			

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION	QC ANALYSIS OF CASE RECORD (Pertinent facts, sources of verifications, reliability, gaps of deficiencies)	FINDINGS OF FIELD INVESTIGATION (Facts obtained, verification and substantiation, nature of errors)	RESULTS
(1)	(2)	(3)	(4)
364 STANDARD UTILITY ALLOWANCE	CR shows client received LIEAP? ___Yes ___No CR shows primary heating expense as: _____ CR shows primary cooling expense as: _____ CR shows client is eligible for: SUA Amount \$ _____ BUA Amount \$ _____ TUA Amount \$ _____ CR shows a vendor payment involved? ___Yes ___No If yes, who pays? _____ Amount paid is \$ _____	Does this HH incur a major heating / cooling expense? ___Yes ___No If yes, primary heating / cooling source(s) is (are): Heating Source: _____ Cooling Source: _____ Did this HH receive LIEAP at current address within last 12 months? ___Yes ___No See Att. ____ SUA Amount \$ _____ BUA Amount \$ _____ TUA Amount \$ _____ Does anyone pay any of the utility expenses for the HH? ____ If yes, who pays? _____ Expense(s) paid: _____ Amount paid \$ _____ Is this a vendor payment? ___Yes ___No If no, was contribution income counted? ___Yes ___No See Element 342 If this HH was not entitled to one of the standard utility allowances, were actual utilities allowed? ___Yes ___No Is there an includable variance in Element 150? ___Yes ___No Verified by _____ or See Att _____ or CC # _____ See continuation page _____	1 ___ 2 ___ 3 ___

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION	QC ANALYSIS OF CASE RECORD (Pertinent facts, sources of verifications, reliability, gaps of deficiencies)	FINDINGS OF FIELD INVESTIGATION (Facts obtained, verification and substantiation, nature of errors)	RESULTS
(1)	(2)	(3)	(4)
365 MEDICAL DEDUCTION	<p>HH member eligible for a medical deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, continue.</p> <p>HH member # eligible: _____ Eligible because: Over age 60 _____ Receives disability** _____ Other Specified Person _____</p> <p>**Includes but is not limited to SSI, RSDI, VA, State or Private disability. See FNS Manual Section 210 for Specified Person definition.</p> <p>Does HH member receive Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>CR shows medical expense? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, amount = \$ _____</p>	<p>Is anyone in this HH eligible for a medical deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, continue.</p> <p>HH member # eligible: _____ Eligible because: Age 60 or older _____ Receives disability _____ Other Specified Person _____</p> <p>Does the eligible member incur a medical expense? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, continue and complete pg. 20.</p> <p>Does anyone receive Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, See Att 365.</p> <p>Does anyone outside the HH pay any expenses for a HH member? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is this a vendor payment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>See Att _____ or CC # _____ See continuation page _____</p>	<p>1 <input type="checkbox"/></p> <p>2 <input type="checkbox"/></p> <p>3 <input type="checkbox"/></p>
366 CHILD SUPPORT PAYMENT DEDUCTION / EXCLUSION	<p>Child Support deduction shown? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____ Base period: _____</p> <p>Who pays this expense? HH member # _____</p> <p>Who receives this payment? _____</p> <p>Who is the payment for? _____</p> <p>Is the payment for a person in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>HH member has court ordered support obligation? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____</p> <p>Who pays this expense? HH member # _____</p> <p>Who receives this payment? _____</p> <p>Who is the payment for? _____</p> <p>Is the payment for a person in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/></p> <p>2 <input type="checkbox"/></p> <p>3 <input type="checkbox"/></p>

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION	QC ANALYSIS OF CASE RECORD (Pertinent facts, sources of verifications, reliability, gaps of deficiencies)	FINDINGS OF FIELD INVESTIGATION (Facts obtained, verification and substantiation, nature of errors)	RESULTS
	<i>If yes, the deduction / exclusion can not be allowed.</i>	Verified by _____ or See Att _____ or CC # _____ See continuation page _____	

MEDICAL DEDUCTION COMPARISON SHEET

SOURCE	FREQUENCY	COUNTY Figures (column 1)	CORRECTED Co. Fig. (column 2)	QCRM (column 3)	VERIFICATION
Medicare Premium? <input type="checkbox"/> yes <input type="checkbox"/> no <i>(Do not include if receives Medicaid)</i>					
Medicare Part D Premium? <input type="checkbox"/> yes <input type="checkbox"/> no					
Private Health Insurance Premium? <input type="checkbox"/> yes <input type="checkbox"/> no					
Doctor expenses? <input type="checkbox"/> yes <input type="checkbox"/> no					
Hospital expenses? <input type="checkbox"/> yes <input type="checkbox"/> no					
Dental expenses? <input type="checkbox"/> yes <input type="checkbox"/> no					
Rx Drug expenses? <input type="checkbox"/> yes <input type="checkbox"/> no					
Over-the-counter drugs? <input type="checkbox"/> yes <input type="checkbox"/> no					
Transportation? <input type="checkbox"/> yes <input type="checkbox"/> no					
Medical Supplies? <input type="checkbox"/> yes <input type="checkbox"/> no					
Other Expense? <input type="checkbox"/> yes <input type="checkbox"/> no <i>(specify)</i>					
TOTAL MEDICAL EXPENSES		\$	\$	\$	
THRESHOLD (\$35)		– 35.00	– 35.00	– 35.00	
FINAL MEDICAL DEDUCTION		\$	\$	\$	

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION	QC ANALYSIS OF CASE RECORD (Pertinent facts, sources of verifications, reliability, gaps of deficiencies)	FINDINGS OF FIELD INVESTIGATION (Facts obtained, verification and substantiation, nature of errors)	RESULTS
(1)	(2)	(3)	(4)
371 COMBINED GROSS INCOME	Is this AU categorically eligible? ___Yes ___No Does this AU include a specified person? ___Yes ___No If no, the maximum gross for a _____ - person AU = \$ _____ Household's Gross Income - See Computation Sheet and See Att. 1 (DSS-8590)	Is this AU categorically eligible? ___Yes ___No Does this AU include a specified person? ___Yes ___No <i>If yes to either, the AU is exempt from the gross income limit.</i> Household's Gross Income - See Computation Sheet See continuation page _____	1 ___ 2 ___ 3 ___
372 COMBINED NET INCOME	Is this AU categorically eligible? ___Yes ___No Household Net Income \$ _____	Is this AU categorically eligible? ___Yes ___No <i>If yes, then the AU is exempt from the net income limit.</i> Household's Net Income: - See Computation Sheet See continuation page _____	1 ___ 2 ___ 3 ___
	NEED REQUIREMENTS (400) Client's statement of HH's monthly expenses as of QCRM: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>Expenses:</u> Rent/Mortgage: \$ _____ Electric: \$ _____ Gas: \$ _____ Phone: \$ _____ Water: \$ _____ Cable \$ _____ Medical \$ _____ Car Payment \$ _____ Car Insurance \$ _____ Other (specify) \$ _____ Total Expenses: \$ _____ </div> <div style="width: 45%; text-align: right;"> <u>Amounts</u> _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ </div> </div>	Does income exceed expenses? ___Yes ___No If no, indicate the reason(s) below. Total Income \$ _____ Total Expenses - \$ _____ Total for Comparison \$ _____ (explain negative #) See continuation page _____	1 ___ 2 ___ 3 ___

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION	QC ANALYSIS OF CASE RECORD (Pertinent facts, sources of verifications, reliability, gaps of deficiencies)	FINDINGS OF FIELD INVESTIGATION (Facts obtained, verification and substantiation, nature of errors)	RESULTS
(1)	(2)	(3)	(4)
520 COMPUTATION	<i>Refer to Element 333 on page 17 for the allotment amount on SNAP cases.</i> Allotment \$ _____ Prorated \$ _____ Recoupment \$ _____	SR verified computation is correct? ____ Yes ____ No See Computation Sheets & Att. 520. See continuation page _____	1 ____ 2 ____ 3 ____
530 TRANSITIONAL BENEFITS	WF terminated on _____ effective _____. WF terminated because: TFNS certified: _____ thru _____ See Att. 344	WF terminated on _____ effective _____. WF terminated because: TFNS certified: _____ thru _____ Was AU correctly placed on TFNS? ____ Yes ____ No See Att _____ or CC # _____ See continuation page _____	1 ____ 2 ____ 3 ____
560 REPORTING SYSTEM	CR shows that the AU is subject to: <u>✓ one of the following</u> \$100 change in earned income _____ Semi – Annual Reporting _____ Transitional benefits _____ SNAP _____	Field 29 – Reporting Requirement (Schedule codes) <u>✓ one of the following</u> \$100 change in earned income (3) _____ (Standard/Simplified) Semi – Annual Reporting (6) _____ Transitional benefits (9) _____ SNAP (10) _____ See Att _____ or CC # _____ See continuation page _____	1 ____ 2 ____ 3 ____
810 FOOD STAMP SIMPLIFICATION PROJECT	N/A	N/A	1 ____ 2 ____ 3 ____
820 DEMONSTRATION PROJECTS	N/A	N/A	1 ____ 2 ____ 3 ____

**FOOD & NUTRITION SERVICES PROGRAM QUALITY CONTROL
COMPUTATION SHEET**

QC Review Number	Eligibility (1)	Comp. II (2)	Comp. I QCRM (3)	Corrected County Figures (4)	(5)
Wages, salaries, Federal workstudy minus allowable expenses or other income from employment (do not count excluded income)					
Member	Source				
1. Add line K from Self-Employment addendum sheet (if applicable) and all earned income listed above					
Educational grants, scholarships or loans except Federal Workstudy					
2. Enter monthly income received from educational grants, etc.					
3. Enter monthly tuition and mandatory fees and other allowable expenses.					
4. Subtract 3 from 2					
5. Add lines 1 and 4					
Unearned Income (Do not include excluded income)					
6. Total Unearned Income					
Gross monthly income					
7. Add lines 5 and 6					
8. Enter net loss from K if applicable					
9. Subtract line 8 from 7 (Result is gross monthly income)					
10. Enter appropriate gross income eligibility limit					
Go to line 11 only if: -Line 9 is less than or equal to line 10; <u>or</u> -AU contains an elderly/disabled member; <u>or</u> -AU is categorically eligible					
Deductions (other than shelter)					
11. Multiply line 1 by 20% & enter here					
12. Subtract 11 from 9					
13. Enter standard deduction					
14. Subtract 13 from 12					
15. Enter medical costs over the limit for AU with elderly/disable member					
16. Subtract 15 from 14					
17. Enter dependent care costs (not to exceed authorized limit)					
18. Subtract 17 from 16					
19. Enter Child Support paid to non-household members					
20. Subtract line 19 from 18 (enter this amount on line 22)					
Gross Income Test (if legally obligated child support is being paid)					
Total Amount of Gross Income		\$			
Minus the Child Support Amount Paid		\$			
Gross Income to use <u>only</u> in the Gross Income Test. <i>Compare this amount to line 10.</i>		\$			

**FOOD & NUTRITION SERVICES PROGRAM QUALITY CONTROL
COMPUTATION SHEET**

QC Review Number	Eligibility (1)	Comp. II (2)	Comp. I QCRM (3)	Corrected County Figures (4)	(5)
21. N/A in NC (homeless shelter ded.)					
22. Enter amount from line 20 here) Enter this amount on line 28					
23. If household had shelter costs, divide line 22 by 2 and enter the results here					
SHELTER COSTS: Use either the utility standard or the actual cost of each utility bill					
Rent or mortgage					
Taxes and Insurance					
Total Utility Standard					
Telephone (basic rate)					
Electric					
Gas					
Oil					
Water and sewer					
Garbage and trash					
Installation of utilities					
Other					
24. Total shelter costs					
25. Enter amount from line 23					
26. Subtract line 25 from line 24 Result equals excess shelter costs					
27. If no elderly or disabled member, enter the maximum limit for the shelter ded.					
NET MONTHLY INCOME					
28. Enter amount from line 22 (income after all deductions except shelter.)					
29. If elderly/disabled member, enter line 26. For all other households, enter amount from line 26 or 27, whichever is less.					
30. Subtract line 29 from 28. (Result equals net monthly income.)					
31. Enter appropriate net income eligibility limit.					
Go to line 32 only if: Line 30 is less than or equal to line 31 OR the AU is categorically eligible.					
ALLOTMENT LEVEL					
32. Enter thrifty food plan for household size.					
33. Multiply line 30 by 30% (round up)					
34. Subtract 33 from 32: (prorating or applying minimum allotment if required.					

COMPARISON		CASE STATUS	
Columns 1 and 3	Columns 1 and 2	CORRECT CASE?	____ Yes ____ No
\$ _____	\$ _____	OVERISSUANCE AMOUNT	\$ _____
\$ _____	\$ _____	UNDERISSUANCE AMOUNT	\$ _____
\$ _____	\$ _____	INELIGIBLE AMOUNT	\$ _____

**FOOD & NUTRITION SERVICES PROGRAM QUALITY CONTROL
COMPUTATION SHEET
SELF-EMPLOYMENT ADDENDUM**

For households with self-employment income: start at step a. & work through step k. Do the steps in order. If a negative number results after subtracting two numbers, insert zero, except lines d, j, & k.		Eligibility	Comp. II	Comp. I QCRM	Corrected County Figures	
		(1)	(2)	(3)	(4)	(5)
FARM SELF-EMPLOYMENT INCOME						
Member	Source					
A. Total monthly gross farm self - employment income.						
B. Enter monthly farm business costs						
SUBTRACT LINE B FROM LINE A AND:						
C. If gross income exceeds costs enter figure here.						
D. If business costs exceed gross income enter figure here as net farm loss.						
SELF-EMPLOYMENT INCOME OTHER THAN FARMING (including room & board payments, baby sitting, etc.)						
Member	Source					
E. Total gross self-employment income other than farming						
F. Enter monthly farm self-employment income from line C (if applicable)						
G. Add lines E and F (Result is total self-employment income).						
H. Enter monthly business costs other than farming.						
I. Subtract line H from G. (Result is net monthly self-employment income before taxes. If less than zero, Enter 0.						
J. Enter net farm loss from line D (If none enter 0).						
K. Subtract line J from I. Enter as a positive number, negative number or 0.						

**If line K shows a net gain, add to wages and salaries on line 1 and enter 0 on line 8 of the computation sheet.
If line K shows a net loss, enter amount on line 8 of the computation sheet and make no entry for self-employment income on line 1.**

APPLICATION PROCESSING TIMELINESS (Field 68) DOCUMENTATION

The following information indicates if an application was taken in the current federal fiscal year.

	CERTIFICATION PERIOD	DATE OF APPLICATION	APPLICATION OR RECERTIFICATION?	DATE PROCESSED	CURRENT FFY APPLICATION PROCESSED TIMELY? <i>(If applicable)</i>
CURRENT CP					
PRIOR CP					
PRIOR CP					
PRIOR CP					
PRIOR CP					
PRIOR CP					